Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

**Oxervate (cenegermin-bkbj)**

_This criteria was recommended for review by an MCO to ensure appropriate and safe utilization._

Clinical Information Included in this Document

**Oxervate ophthalmic solution**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section

Revision Notes

Initial publication
The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
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<tbody>
<tr>
<td>OXERVATE 0.002% EYE DROP</td>
<td>45762</td>
</tr>
</tbody>
</table>
Oxervate (cenegermin-bkbj)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 2 years of age?
   [ ] Yes (Go to #2)
   [ ] No (Deny)

2. Does the client have a diagnosis of neurotrophic keratitis in the last 730 days?
   [ ] Yes (Go to #3)
   [ ] No (Deny)

3. Has the client been previously treated with cenegermin in the affected eye?
   [ ] Yes (Go to #4)
   [ ] No (Approve – 30 days)

4. Has the client received greater than or equal to (≥) 56 days therapy?
   [ ] Yes (Deny)
   [ ] No (Approve – 30 days)
Oxervate (cenegermin-bkbj)

Clinical Criteria Logic Diagram

**Step 1**
Is the client ≥ 2 years of age?
- **No** → Deny Request
- **Yes** → **Step 2**

**Step 2**
Does the client have a diagnosis of neurotrophic keratitis in the last 730 days?
- **No** → Deny Request
- **Yes** → **Step 3**

**Step 3**
Has the client been previously treated with cenegermin in the affected eye?
- **No** → **Step 4**
- **Yes** → **Step 4**

**Step 4**
Has the client had ≥ 56 days therapy?
- **Yes** → Deny Request
- **No** → **Step 3**

**Approve Request (30 days)**
## Step 2 (diagnosis of neurotrophic keratitis)

**Required diagnosis:** 1  
**Look back timeframe:** 365 days

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>H16231</td>
<td>NEUROTROPHIC KERATOCONJUNCTIVITIS RIGHT EYE</td>
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<tr>
<td>H16232</td>
<td>NEUROTROPHIC KERATOCONJUNCTIVITIS LEFT EYE</td>
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<tr>
<td>H16233</td>
<td>NEUROTROPHIC KERATOCONJUNCTIVITIS BILATERAL</td>
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<tr>
<td>H16239</td>
<td>NEUROTROPHIC KERATOCONJUNCTIVITIS UNSPECIFIED EYE</td>
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Clinical Criteria References


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the most current revision are also provided in the Revision Notes on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>07/24/2020</td>
<td>Initial publication and presentation to the DUR Board</td>
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